



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DR LOUIS L ARRONDO, MD
920 HWY 37 SOUTH
MT VERNON, TX 75457

Respondent Name

ILLINOIS NATIONAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-10-4505-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The insurance carrier is denying payment for the date of service 04/27/2010 and the explanation of review does not give a detailed reasoning of the denial...See the enclosed previous letter for reconsideration for the body area that they did not pay us for as per rule 130.6(d)(5)."

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: A copy of dispute was placed in carrier rep box on March 30, 2010 with no response to MFDR

Response Submitted by: NA

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 27, 2010	99456-W5-WP-MI	\$150.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services effective March 1, 2008.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated May 07, 2010 and May 28, 2010

- 172 – PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY A PROVIDER OF THIS SPECIALTY.
- W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT

Issues

1. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The respondent denied the billing with reason code “172 – PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY A PROVIDER OF THIS SPECIALTY.” This reason code does not communicate why there has been a reduction on the billing. The respondent did not clarify or otherwise address the 172 claim adjustment code upon receipt of the request for dispute resolution. No documentation was provided to support the denial. For this reason, the division finds that the 172 claim adjustment code is not supported. The Division will review the billing per the applicable fee guidelines and documentation applicable to the review.
2. The provider billed the amount of \$850.00 for CPT code 99456-W5-WP-MI for DD examinations for Maximum Medical Improvement/Impairment Rating (MMI/IR). Review of the documentation supports that the doctor performed an examination for MM/IR for two different for Multiple Impairments using –MI modifier. One IR was for compensable body area of the knee and the other IR for the non-compensable body area of the lumbosacral, each with its own DWC-69. Requestor listed only one unit in Box 24G. Per 28 Texas Administrative Code §134.204(j)(3)(C), the Maximum Allowable Reimbursement (MAR) for MMI is \$350.00. Requestor was contacted on November 3, 2011 to obtain a copy of the DWC Form-032 request for the DD services. The requestor was not asked to rate the lumbar as a disputed area per the DWC Form-032 which only lists the lower extremities. The compensable area is the knee. The DRE method was used for calculating IR to the 2 conditions of the non-musculoskeletal atrophy and surgical repair of the knee. This type of IR is done according to 28 Texas Administrative Code §134.204 which states in part (j)(4)(D)(i)(I-II):

(D) Non-musculoskeletal body areas shall be billed and reimbursed using the appropriate CPT code(s) for the test(s) required for the assignment of IR.

(i) Non-musculoskeletal body areas are defined as follows:

(I) body systems;

(II) body structures (including skin); and,

The Calculation of non musculoskeletal IR are based on 28 Texas Administrative Code §134.204 which states in part (j)(4)(D)(iv)(I-III):

(iv) When there is no test to determine an IR for a non-musculoskeletal condition:

(I) The IR is based on the charts in the AMA Guides. These charts generally show a category of impairment and a range of percentage ratings that fall within that category.

(II) The impairment rating doctor must determine and assign a finite whole percentage number rating from the range of percentage ratings.

(III) Use of these charts to assign an IR is equivalent to assigning an IR by the DRE method as referenced in subparagraph (C)(ii)(I) of this paragraph.

The reimbursement for each of these areas is described in 28 Texas Administrative Code §134.204 in part (j)(4)(D)(v) which states:

(v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

The MAR for the Combined Value IR services rendered for the two non-musculoskeletal knee DRE conditions (surgery and atrophy) is $\$150.00 \times 2 = \300.00 . The total MAR for MMI and IR examinations is $\$350.00 + \$300.00 = \$700.00$.

3. The respondent has already reimbursed the amount of \$700.00 to requestor. Therefore, the requestor is not entitled to additional reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	January 06, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.